## DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services DDE-881 (Rev. 01/2004)

## STATE OF WISCONSIN

SOS Desk (608) 266-9198
Completion of this form meets the requirements of
the State / County contract specified under the
Wisconsin Statutes. S. 46.031(2g)

## **HSRS BIRTH TO THREE PROGRAM MODULE**

REGISTRATION - Screen 68 MODULE TYPE O														
1 Worker ID				2 Client ID						3 Social Security Number				
4a Last Name	•				4b Fir	rst Na	me			4c Midd	le Nam	е		4d Suffix
5 Birthdate (mm) (dd) (yyyy)		6 Se	Lat Y: N	ino = Yes = No	A : B : P : I =	<ul> <li>Race (Circle up to 5)</li> <li>A = Asian</li> <li>B = Black or African American</li> <li>P = Native Hawaiian or Pacific I</li> <li>I = American Indian or Alaska N</li> </ul>			W = White slander ative			ent Characteristics		
		Referra Source	11 County of Residenc		12 Location of Ser Primary			ces	13 Star	t Date	14 C	4 Closing Date		15 Closing Reason
SERVICE - Screen 69														
16 Service 17 Serv Sitart		vice t Date	18 Serv End I		9 Units	20	Deliver	y 21	Provide	r Number	Number		22 Service Review Date (mm) (yyyy)	
	ı		I				1							
OPTIONAL DA		Screen	18 (Mod	lule Key						)				
Street Address						City				State		Zip Co	ode	
(			hone Nun )	ne Number			Case Review Date Diagno			osis	Famil	ly ID		
Local Data							Sh	aded are	eas are	e optio	nal.			